PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| Effective December 8, 2004 | | | | | | | | | 101595446 | | | |
|---|--|---|------------------------------|-----------------------------------|--------------------|------------------|----|---------------------|------------------------|----|---------------------|------------------------|
| | | CLAIMS | | D - PART I | (Column 2) | | | SMALL ENT | ΓΙΤΥ ✓ | OR | OTHER | |
| U.S | . NATIONAL : | STAGE FEES | | | | |] | RATE | FEE |] | RATE | FEE |
| BAS | IC FEE | | | | | 150 | | BASIC FEE | 150 | OR | BASIC FEE | 2 |
| EXAMINATION FEE | | | | | 100 | | | EXAM. FEE | 100 | 1 | EXAM. FEE | |
| SEARCH FEE | | | | | 20 | ∞ | | SEARCH FEE | 200 | 1 | SEARCH FEE | |
| FEE FOR EXTRA SPEC. PGS. | | | minus 100 = | | | / 50 = | | X \$ 125 = | | | X \$ 250 = | |
| TOTAL CHARGEABLE CLAIMS | | | 12 minus 20 = * | | * | | | X \$ 25 = | | OR | X \$ 50 = | |
| INDI | EPENDENT CL | AIMS | / minus 3 = * | | | X \$ 100 = | | | | OR | X \$ 200 = | |
| MUL | TIPLE DEPEN | DENT CLAIM PR | SENT | | | X | | + \$ 180 = | 180 t | OR | + \$ 360 = | |
| * If | the difference | in column 1 is | less than zero, enter "0" in | | | olumn 2/ | 71 | TOTAL | 630 | OR | TOTAL | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST | | | | | | | | SMALL E | NTITY | OR | OTHER SMALL E | |
| AMENDMENTA | | REMAINING AFTER AMENDMENT | | NUMI PREVIO PAID | BER DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | · |
| | FIRST PRES | ENTATION OF N | ULTIPLE C | EPENDENT (| CLAIM | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | • | | | | | TOTAL ADDIT. FFF | | OR | TOTAL ADDIT. FFF | |
| | | (Column 1) | | (Colun | nn 2) | (Column 3) | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUME PREVIO PAID F | EST BER USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | | TOTAL ADDIT. | | OR | TOTAL ADDIT. | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |